

Appendix N

<b>YOUR AGENCY'S NAME &amp; LOGO ADDRESS CITY, STATE ZIP SAFETY DIRECTOR'S NAME</b>					<b>JOB INVENTORY</b>					MAIL ROOM DATE		
WORKER'S NAME					STATE FUND CLAIM NO.							
EMPLOYER					DATE							
OCCUPATION					NATURE OF BUSINESS							
REHIRE?		YES	NO	JOB MODIFICATION?		YES	NO	PHYSICIAN APPROVAL				
PART TIME WORK?		YES	NO	SEASONAL?		YES	NO	YES NO				
PHYSICAL DEMANDS	SITTING	1	2	3	4	5	6	7	8	HOURS		
	WALKING	1	2	3	4	5	6	7	8	HOURS		
	STANDING	1	2	3	4	5	6	7	8	HOURS		
	TERRAIN:											
	SURFACE:											
	KEY:      S = SELDOM (Less than 1 hour)      O = OCCASIONALLY (1 hour to 2 1/2 hours) F = FREQUENTLY (3 to 5 hours)      C = CONTINUOUSLY (5 1/2 to 8 hours)											
	ACTIVITY	0 - 10 LBS.	11 - 24 LBS.	25 - 34 LBS.	35 - 50 LBS.	51 - 74 LBS.	75 - 100 LBS.					
	LIFTING KNEE HIGH											
	LIFTING WAIST HIGH											
	LIFTING OVERHEAD											
BENDING _____ SQUATTING _____ CRAWLING _____ CLIMBING _____ KNEELING _____ REACHING ABOVE SHOULDER HEIGHT _____ PUSHING _____ PULLING _____												
DEXTERITY										YES	NO	
	SIMPLE GRASPING											
	FIRM GRASPING											
	FINE MANIPULATION											
ENVIRONMENTAL CONDITIONS	REQUIRED TO WORK OUTDOORS?      YES      NO											
	SUMMER?      YES      NO				WINTER?      YES      NO							
	FUMES (from)					DUST (from)						
	GASES (from)					NOISE, VIBRATIONS (from)						
	MACHINES, TOOLS AND EQUIPMENT USED ON THE JOB SITE											
PROTECTIVE EQUIPMENT												
BRIEF JOB DESCRIPTION												
	EDUCATION/TRAINING											